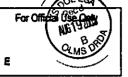
U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is manufatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 797C	2. Fiscal Year Covered From
	01/01/04 Through: 12/31/04
3 Name and address of person filing.	4 Name, file number and address of labor organization
Name BrIAN E Gentry	Name Northern WI Regional Council of Carpenters
	Labor Organization File Number 035-751
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street N2216 Bodde Road	Street N2216 Bodde Road
City Kaukauna	City Kaukauna
State Wisconsin ZIP Code + 4 54130-9740	State Wisconsin ZIP Code + 4 54130-9740
5 Position in labor organization Business Representa	tive
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
	· · · · · · · · · · · · · · · · · · ·
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.
6 Name and address of Employer (including trade name if any)	7 a. Nature of Interest, Transaction or Income
Name	
Trade Name if any	
P O Box, Bldg Room No If any	
	7 b Amount.
Street	
City	,
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed Busin & Hanting	On 8-12-05 608 - 788 - 6240 Date Telephone Number

Name of Person Filing Brian E Gentry	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8. Name and address of Business (including trade name if any) Name (DISCONSIN CORPUTE'S BENIFIT Funds Trade Name if any PO Box Bidg Room No. if any Street /704 Devney Drive City Altoona State UT ZIP Code + 4 54720 10. if 9 b. or 9 c. is checked give trust or employer's name. Name Trade Name if any PO Box, Bidg Room No. if any Street	9 Business deals with X a. Labor Organization b Trust c. Employer 1 1 a. Nature of such dealing HealTh + Pension Board MceTing 1-14-04 4-8-04 7-29-04 10-28-04	
	11 b Approximate dollar value of such dealing 776	
Crity	12 a. Nature of interest held or income received	
State ZIP Code + 4	1	
	12 b. Amount.	
	12 D. Amount	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14 a. Nature of payment.	
(including trade name, if any)	1	
Name		
Trade Name, if any		
P O Box, Bldg Room No if any	i i	
Street	1	
City	1	
State, ZIP Code + 4	1	
13 b is the Business an Employer or Consultant?	14 b Amount of payment.	

Name of Person Filing Arian E GenTay	File Number U	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeling to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8. Name and address of Business (including trade name if any) Name WISCONISIN CorperTer's Beniff! Fawd Trade Name if any PO Box, Bldg Room No if any Street 1704 Deuney Drive City Altoono	9 Business deals with a. Labor Organization b Trust c. Employer	
10. If 9.b. or 9 c. is checked give trust or employer's name. Name Trade Name if any P O Box, Bidg Room No if any Street City State ZIP Code + 4	International Foundation Educational Conference, Attendance NOV. 30 - Dec. 4 - 04 Travel, Hotel, meals, New Orleans Lawsian 11 b Approximate dollar value of such dealing 2,913,000 12.a. Nature of interest held or income received	
	12 b Amount	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a. Nature of payment.	
Name		
Trade Name, if any		
PO Box, Bidg Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14 b Amount of payment.	

Name of Person Filing BrIAN & GENTRY	File Number U
B. Heid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8. Name and address of Business (including trade name if any) Name Welss Peck + Greet Investment3 Trade Name if any PO Box, Bidg. Room No. if any Street 909 Third Huenue City New York State 1117. ZIP Code +4 11122	9 Business deals with a. Labor Organization X b Trust c. Employer
Name INISCONSIN Confector's Beauth Fands Trade Name, if any PO Box, Bidg Room No if any Street 1704 Deuney Drive. City Altoon A State INT ZIP Code +4 54720	Meeting/Brunch, with Spouse 12/1/04 New Orleans, Louisiana 11 b Approximate dollar value of such dealing 245.00 12 a Nature of interest held or income received
	12 b Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bidg Room No if any Street City State ZIP Code + 4	14 a. Nature of payment.
13.b Is the Business an Employer or Consultant ?	14 b Amount of payment.

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Name of Person Filing Brian E Gentry	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8. Name and address of Business (including trade name if any) Name UPISS PECKAGNEET INVESTMENTS Trade Name, if any PO Box, Bldg Room No. if any Street 709 Thind Avenue City 1 New York State NY ZIP Code +4 10022	9 Business deals with a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9 c. is checked give trust or employer's name Name CUIS CONSIN Conficultor's Review Funds Trade Name if any PO Box, Sidg Room No if any Street 1704 Deuney Drive City Altoona State UT ZIP Code +4 54720	11.a. Nature of such dealing. MeeTing/Luncheon, with Spouse 12/3/04 New Orleans, Louis/ana 11.b. Approximate dollar value of such dealing 12.a. Nature of interest held or income received	
	12 b Amount	
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bidg Room No if any Street City State ZIP Code + 4	14 a Nature of payment	
13.b. Is the Business an Employer or Consultant ?	14 b Amount of payment.	

Name of Person Filing BRIAN E GENTRY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8. Name and address of Business (including trade name if any) Name Turner Travestment Butners Trade Name, if any PO Box, Bldg Room No. if any Street 1205 west/a Kes Or STe, 100 City Berwyn State PA, ZIP Code + 4 193/2	9 Business deals with a. Labor Organization b Trust c. Employer
Name WIS CONSIN Carpenter's Benifit Funds Trade Name, if any PO Box, Bldg. Room No if any Street TOY DEUNCY Arive City Altoona State WT. ZIP Code +4 54730	11 a. Nature of such dealing DIWNER MECTING, WITH Spouse 12/1/04 New Orleans, Louis/awa 11 b. Approximate dollar value of such dealing 12.a. Nature of interest held or income received
	12.b Amount.
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bidg., Room No., if any Street City State ZIP Code + 4	14 a Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14 b Amount of payment.

Name of Person Filing Brian E Gentry	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8. Name and address of Business (including trade name if any) Name (Neise Peck + Greer Indestments Trade Name if any PO Box, Bidg Room No if any Street 909 Third Avenue Cay New York State N Y ZIP Code +4 11022	9 Business deals with a. Labor Organization b Trust c. Employer
10. If 9 b. or 9 c. is checked give trust or employer's name Name WISCONSIN Conferences Services Services Francis Trade Name if any: PO Box, Bldg Room No if any Street 1704 Device Drive City Altoona State WF ZIP Code + 4 54720	11 a. Nature of such dealing MECTING/LUNCHEON WITH Spouse 12/2/04 New Orleans, Lau(s/ana 11.b Approximate dollar value of such dealing 12.a. Nature of interest held or income received
	12 b Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bidg Room No. if any Street	14 a Nature of payment.
City	
State ZIP Code + 4	
13 b. Is the Business an Employer or Consultant ?	14 b Amount of payment.

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Name of Person Filing BRIAN & GENTRY	File Number U
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8. Name and address of Business (including trade name if any) Name Alliance Regnstein Trade Name if any PO Box, Bldg Room No. if any Street 1345 Avenue of the Americas City New York State MY ZIP Code+4 10105-0096	9 Business deals with a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name WIS CONSIN CorpenTer's Benitit Fauct Trade Name if any PO Box, Bldg Room No if any	Meeting / Reception, with Spouse 12/2/04 New Orleans, Louisiana
Street 1704 DEUNEY Drive	11 b Approximate dollar value of such dealing 25000
State WI ZIP Code +4 54720	12.a. Nature of interest held or income received
	12 b Amount.
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.
Name	
Trade Name, if any	
P O Box, Bldg., Room No., if any	
Street	
Crty	
State ZIP Code + 4	
13.b. is the Business an Employer or Consultant ?	14 b Amount of payment.





The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30

Buan & Henty 8/12/04